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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/694,530			ing Date 23/2000	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY 🛛	OTHER THAN OR SMALL ENTITY			
FÖR NUMBER FILE			.ED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		l	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		l	N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		l	N/A			N/A		
TO	TAL CLAIMS CFR 1.16(i))		3 minus 20 =		• 0		l	X \$9 =	0	OR	x \$ =		
INE	EPENDENT CLAIM CFR 1.16(h))	s	2 minus 3 =		• 0			X \$40 =	0	1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	f the specification and drawing sheets of paper, the application s \$250 (\$125 for small entity) f additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	0	1	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)									L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	01/09/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	· 3	Minus	* 20		= 0	l	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1,16(h))	• 2	Minus	3		= 0	1	X \$100 =	0	OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))												
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT			IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(ii)	*	Minus	**		=	l	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	•	Minus	***		=	1	x \$ =		OR	x \$ =		
Ä	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))						l			OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
***	If the entry in column 1 is less than the entry in column 2, write '0' in column 3. If the "Highest Number Previously Paid For I'N THIS SPACE is less than 20, enter '20'. If the "Highest Number Previously Paid For I'N THIS SPACE is less than 3, enter '3'. The "Highest Number Previously Paid For I' Total or Independent) is the highest number found in the appropriate box in column 1.												

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